

CARDIGANSHIRE COUNTY COUNCIL



ANNUAL REPORT  
of the  
COUNTY MEDICAL OFFICER  
and  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
for the year 1972

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County Medical Officer, D.P.H (Wales)  
Principal School Medical Officer.

SWYDDFA'R SIR,  
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ABERYSTWYTH

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(STD CODE 0970)



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Mr. W. P. LLOYD JONES, Ystrad Dewi, Llanddewi Brefi, from October 1972.

Alderman D. W. EVANS, Brynhedydd, Hermon, Glogue, representing South West Wales H.M.C.

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Dr. S. G. BUDD, Lydenhurst, Adpar, Chairman of the Cardiganshire Executive Council.

## Health Officers of the Authority.

County Medical Officer and Principal School Medical Officer ...	I. MORGAN WATKIN, F.F.C.M., PH.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H. (Wales)
Deputy County Medical Officer and Deputy Principal School Medical Officer ... ..	BERYL IRENE EVANS THOMAS, M.F.C.M., M.B., B.Ch. (Wales), D.C.H. (Eng.), D.P.H. (Lond.)
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Public Health Inspector ... ..	EVAN RICHARDS, A.A.L.P.A., M.R.S.I., CERT. S.I.B.
Psychiatric Social Worker ... ..	Mrs. E. MAIR PIETTE, B.A., (Soc. Science Birm.), A.A.P.S.W. (Lond.), M.B.A.S.W.
County Analyst ... ..	D. C. JENKINS, M.Sc., F.R.I.C., F.C.S.
County Ambulance Officer ... ..	T. H. HUMPHREYS
Deputy County Ambulance Officer	I. WYNNE DAVIES
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Deputy Chief Nursing Officer ... ..	Miss I. E. MANN, S.R.N., S.C.M., H.V. Cert., Q.N. (Resigned 24.3.72)
Nursing Officer Health Visiting ... ..	Miss VALMAI DAVIES, S.R.N., S.C.M., H.V. (Cert.), (as from 1.5.72)
Nursing Officer (North) ... ..	Mrs. D. BEVAN, S.R.N., S.C.M., N.D.N. (Cert.) (as from 1.6.72)
Nursing Officer (South) ... ..	Miss M. R. HARRIES, S.R.N., S.C.M., N.D.N. (Cert.) (as from 1.6.72)
Health Visitors ... .. (each holding H.V. Certificate of the Royal Sanitary Institute)	Miss C. HUGHES-EVANS, S.R.N., S.C.M. Mrs. J. FORSYTH, S.R.N., S.C.M. (Commenced 1.1.72) Mrs. MARY LEWIS, S.R.N., S.C.M. Miss D. J. MORGAN, S.R.N., S.C.M. Miss E. A. MORGAN, S.R.N., S.C.M. Miss N. MORGAN, S.R.N., S.C.M. Miss S. E. A. MORGAN, S.R.N., S.C.M. Miss M. MORRIS, S.R.N., S.C.M. Mrs. S. E. MORRIS, S.R.N., S.C.M. Mrs. K. M. PARRIS, S.R.N. (P/t 1 Mider) (Commenced 18.9.72) Mrs. E. A. V. WILLIAMS, S.R.N., S.C.M.
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Aberaeron & New Quay Areas (including Llanrhystud)	...	...	Sister E. DAVIES, S.R.N., S.C.M., N.D.N. Sister P. M. STANDEN, S.R.N., S.C.M. Sister R. M. REES, S.R.N., S.C.M. Sister M. BOWEN, S.R.N., S.C.M. Sister M. J. MORGAN, S.R.N. (P/T 1) Sister A. M. DAVIES, S.R.N., S.C.M. (Relief)
Lampeter Area	...	...	Sister E. LEWIS, S.R.N., N.D.N. Sister J. A. HARRHY, S.C.M. Sister M. M. GRIFFITHS, S.R.N., S.C.M. Sister M. J. EVANS, S.R.N., S.C.M. Sister G. DAVIES, S.R.N. Sister G. J. DAVIES, S.R.N., S.C.M. (Relief—Commenced 7.8.72) Nurse C. H. M. DAVIES, S.E.N. (Commenced 22.5.72)
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Clinic Nurses (Part-time)			
Aberystwyth	...	...	Miss L. WATSON, S.R.N., S.C.M., H.V.
Cardigan	...	...	Mrs. J. A. WRIGHT, S.R.N. (Commenced 25.4.72)



Dental Attendants	...	...	MISS W. A. P. MILLS MISS PATRICIA THOMAS MISS M. M. LLOYD
Consultant Educational Psychologist (part time)			CYRIL B. E. JAMES, Ph.D., B.A., B.Ed., F.B.Ps.S.  CLIVE WILLIAMS, B.Sc. (Lond.); M.A. (Wales); M.A. (Dublin); Ph.D. (Dublin)
Head Teacher—Special Education	...		P. W. EKLUND, C.M., D.T.H.C.
Senior Speech Therapist	...	...	MRS. J. E. HOLDING, L.C.S.T.
Speech Therapist	...	...	MRS. GWENDA JONES, L.C.S.T. (Commenced 12.9.72)
Audiometrician	...	...	MRS. BERYL SMITH, S.R.N.
Chief Clerk	...	...	J. VINCENT WILLIAMS

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## To the Chairman and Members of the Health Committee

I have pleasure in presenting the Annual Report of the Health Department for the year which ended on 31st December, 1972.

The newly erected Health Centre at Cardigan—the first of its kind in the county—came into use during the year and it is hoped that in due course registered medical practitioners in other parts of the county will be tempted to follow suit.

The new New Quay ambulance station was under construction at the end of the year and several new ambulance vehicles had either been delivered or were on order for the Ambulance Service. These included further Mercedes Benz ambulances bringing the total up to four, Triumph Estate Cars, Ford Transit Custom Buses, a Range Rover as well as the more orthodox type of Bedford ambulance. Unfortunately technical transmission difficulties affecting much of South West Wales temporarily held up the reorganisation of the ambulance radiotelephony service.

The reorganisation of the health services scheduled for April 1974 had, towards the end of the year, begun to occupy an ever-increasing proportion of medical administrative time and this trend is likely to become accentuated during 1973. Meetings of committees and sub-committees were summoned at least weekly, and sometimes as often as thrice a week, at centres as far distant from Aberystwyth as Llanelli and Haverfordwest. The sooner the National Health Service Reorganisation Bill receives the royal assent and shadow Area Boards are able to take some vital policy decisions the smoother is progress towards integration likely to become.

The health of the community as a whole gave satisfaction in the sense that Cardiganshire's record compares very favourably with that of most other counties but much knowledge still needs to be acquired before deaths from such diseases as cancer are eliminated from the world's vital statistics.

A more detailed account of the work of the Department will be found in the ensuing pages.

I. MORGAN WATKIN,  
*County Medical Officer*



TABLE I

Section 1—STATISTICS

AREA, POPULATION AND RATEABLE VALUE OF THE COUNTY

	Aberystwyth Borough	Cardigan Borough	Lampeter Borough	Aberaeron Urban District	New Quay Urban District	Aberaeron Rural District	Aberystwyth Rural District	Teifside Rural District	Tregaron Rural District	Total for County
Area in acres     ...     ...	1,141	4,928	1,754	388	281	99,321	140,728	73,102	121,546	443,189
Population (1971 Census)     ...     ...	10,688	3,810	2,189	1,328	750	8,739	12,662	10,469	4,247	54,882
Population Mid-1972 (Registrar General's Estimate)     ...     ...	10,650	3,800	2,130	1,280	760	8,600	12,210	10,630	4,240	54,300
Rateable Value at 1st April, 1972     ...	£478,130	£135,846	£86,980	£46,065	£32,773	£133,318	£276,506	£209,305	£64,957	£1,463,880
Rateable Value at 1st April, 1973     ...	£1,126,871	£369,916	£202,472	£124,514	£94,941	£408,504	£982,052	£526,793	£255,542	£4,091,605
Sum represented by 1p. rate 1972-73	£4,580	£1,290	£818	£460	£325	£1,335	£2,742	£1,916	£562	£14,028
Estimated sum represented by 1p. rate 1973-74     ...     ...	£10,825	£3,588	£1,902	£1,200	£930	£4,060	£9,340	£5,390	£2,430	£39,665

TABLE 2

## VITAL STATISTICS

## MOTHERS AND INFANTS

*Live births*

Number—Males	...	...	...	332	
Females	...	...	...	308	640
Rate per 1,000 population	...	...	...	...	11.8
Ratio of local adjusted birth rate to national rate	...				0.84

*Illegitimate Live Births* (per cent of total live births) ... 6.00

*Stillbirths*

Number—Males	...	...	...	2	
Females	...	...	...	5	7
Rate per 1,000 total live and stillbirths	...			...	11.00

*Total Live and Stillbirths* ... 647

*Infant Deaths* (deaths under one year) ... 9

*Infant Mortality Rates*

Total deaths under 1 year per 1,000 live births	...				14.0
Deaths of legitimate infants under 1 year per 1,000					
legitimate live births	...	...	...	...	15.0
Deaths of illegitimate infants under 1 year per 1,000					
illegitimate live births	...	...	...	...	—

*Neo-natal Mortality Rate* (deaths under four weeks per 1,000 total live births) ... 9.00

*Early Neo-natal Mortality Rate* (deaths under one week per 1,000 total live births) ... 8.00

*Peri-natal Mortality Rate* (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) ... 19.00

*Maternal Mortality* (including abortion)

Number of deaths	...	...	...	...	NIL
Rate per 1,000 total live and stillbirths	...			...	NIL

TABLE 3

**CAUSES OF DEATH (All Ages)**  
(Headings with no deaths allocated are omitted)

<i>Causes of Death</i>	NUMBER OF DEATHS		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
Tuberculosis of Respiratory System ...	1	—	1
Syphilis and its Sequelae ...	1	—	1
Other Infective and Parasitic Diseases ...	—	1	1
Malignant Neoplasm, Buccal Cavity, etc. ...	—	2	2
Malignant Neoplasm, Oesophagus ...	3	1	4
Malignant Neoplasm, Stomach ...	20	14	34
Malignant Neoplasm, Intestine ...	10	12	22
Malignant Neoplasm, Lung Bronchus ...	23	3	26
Malignant Neoplasm, Breast ...	—	14	14
Malignant Neoplasm, Uterus ...	—	7	7
Malignant Neoplasm, Prostate ...	11	—	11
Leukaemia ...	1	2	3
Other Malignant Neoplasms ...	12	22	34
Benign and Unspecified Neoplasms ...	1	1	2
Diabetes Mellitus ...	—	5	5
Other Endocrine, etc., Diseases ...	2	3	5
Anaemias ...	2	3	5
Mental Disorders ...	—	2	2
Other Diseases of Nervous System, etc. ...	1	1	2
Chronic Rheumatic Heart Disease ...	2	4	6
Hypertensive Disease ...	6	6	12
Ischaemic Heart Disease ...	138	91	229
Other Forms of Heart Disease ...	24	23	47
Cerebrovascular Disease ...	52	84	136
Other Diseases of Circulatory System ...	13	18	31
Influenza ...	4	1	5
Pneumonia ...	29	29	58
Bronchitis and Emphysema ...	21	9	30
Asthma ...	1	—	1
Other Diseases of Respiratory System ...	5	5	10
Peptic Ulcer ...	3	3	6
Intestinal Obstruction and Hernia ...	1	2	3
Other Diseases of Digestive System ...	2	1	3
Nephritis and Nephrosis ...	5	2	7
Hyperplasia of Prostate ...	2	—	2
Other Diseases, Genito-Urinary System ...	6	4	10
Diseases of Musculo-Skeletal System ...	1	2	3
Congenital Anomalies ...	4	1	5
Birth Injury, Difficult Labour, etc. ...	2	2	4
Other Causes of Perinatal Mortality ...	1	—	1
Symptoms and Ill-defined Conditions ...	6	8	14
Motor Vehicle Accidents ...	6	2	8
All other Accidents ...	7	10	17
Suicide and Self-Inflicted Injuries ...	3	4	7
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TOTAL ALL CAUSES			
	432	404	836
<hr/>			
Crude death rate per 1,000 population ...	...	16.2	
Ratio of local adjusted death rate to national rate ...	...	1.00	



TABLE 4  
CAUSES OF DEATH IN AGE GROUPS  
(Headings with no deaths allocated are omitted)

Causes	Total All Ages		Under 4 weeks		4 Weeks and under 1 year		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and over	
	M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		M F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis of Respiratory System	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its Sequelae	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Buccal Cavity, etc.	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Oesophagus	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Stomach	20	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Intestine	10	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Lung Bronchus	23	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Breast	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Uterus	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Prostate	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Malignant Neoplasms	12	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Benign and Unspecified Neoplasms	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine, etc. Diseases	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Disorders	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System, etc.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hypertensive Disease	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ischaemic Heart Disease	138	91	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Heart Disease	24	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebrovascular Disease	52	84	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 4 (Continued)

Causes	Total All Ages		Under 4 weeks		4 Weeks and under 1 year		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Other Diseases of Circulatory System	13	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	4	7	14
Influenza	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	3	—
Pneumonia	29	29	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	9	15	19
Bronchitis and Emphysema	21	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	3	—	6	—
Asthma	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—
Peptic Ulcer	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Intestinal Obstruction and Hernia...	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2
Other Diseases of Digestive System	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Nephritis and Nephrosis	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hyperplasia of Prostate	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other Diseases, Genito-Urinary System	6	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—
Diseases of Musculo-Skeletal System	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Congenital Anomalies	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Birth Injury, Difficult Labour, etc.	2	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions	6	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Motor Vehicle Accidents	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
All Other Accidents	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Suicide and Self-Inflicted Injuries	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTAL (All Causes)	432	404	3	3	2	1	3	—	3	2	2	—	4	7	24	15	70	33	139	113	182	229		

TABLE 5  
TABLE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR

Sanitary District	Population Census 1971	Population Estimated 1972	Cholera	Diphtheria	Dysentery (amoebic and bacillary)	Encephalitis Lethargica	Erysipelas	Food Poisoning	Malaria	Measles	Meningococcal Infection	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Pneumonia (Acute Primary and Influenza)	Acute polio-myelitis	Acute encephalitis	Puerperal pyrexia	Relapsing Fever	Scarlet Fever	Typhoid Fever	Typhus Fever	Whooping Cough	Infective Jaundice	
URBAN : Aberaeron ...	1,328	1,280	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Aberystwyth ...	10,668	10,650	—	—	—	—	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
Cardigan ...	3,810	3,800	—	—	—	—	—	—	—	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lampeter ...	2,819	2,130	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	4	—	—	—	
New Quay ...	750	760	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
RURAL : Aberaeron ...	8,739	8,600	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Aberystwyth ...	12,662	12,210	—	—	—	—	—	—	—	16	—	—	1	—	—	—	—	—	—	—	—	—	—	4	
Teifside ...	10,469	10,630	—	—	—	—	—	2	—	89	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tregaron ...	4,247	4,240	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total ...	54,882	54,300	—	—	—	—	—	4	—	163	—	—	1	—	—	—	—	—	—	—	4	—	—	—	11



TUBERCULOSIS NOTIFICATIONS, 1972, IN AGE GROUPS

RESPIRATORY

TABLE 6

District	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	3
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	5
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole County ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	1	—	1	2	2	1	—	—	11

NON-RESPIRATORY

TABLE 7

District	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	1	—	4

## Section 2

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Ante-Natal Clinics

In view of the prevailing circumstances in Cardiganshire it is not the policy of the local health authority to run ante-natal clinics. At present ante-natal clinics are held at Bronglais Hospital under the supervision of Dr. Geoffrey Williams, the consultant obstetrician. Domiciliary midwives, whenever possible, accompany the patients to the ante-natal clinics and health visitors give educational talks and film displays on matters connected with childbirth and the care of the infant. Relaxation exercises are held under the aegis of the hospital physiotherapist. This dual arrangement has been worked out in collaboration with the consultant obstetrician and the scheme is running satisfactorily.

At Glangwili Hospital, Carmarthen, the consultant obstetrician for West Wales also holds ante-natal clinics. These facilities are over and above those available to expectant mothers through their family doctor.

#### Care of Unmarried Mothers and their Children

Arrangements are usually made through the St. David's Diocesan Moral Welfare Committee for the confinement and care of unmarried mothers. Unmarried mothers may be admitted to a hostel outside Cardiganshire for some months before a confinement is due and kept for some time afterwards. The committee also assists in making suitable arrangements for the child.

Other expectant mothers leave home and go to London and the Midlands to seek refuge. Here they apply to the local authority for assistance and the latter contact Cardiganshire as the county of normal residence for a grant towards their maintenance.

#### Child Welfare

The mobile clinic is enabling mothers who previously found it difficult to bring their children to an infant welfare clinic to receive attention. The success of the venture is shown by the increasing number of applications for the mobile clinic to visit small villages and hamlets. The programme of the mobile clinic at the end of December was as follows.



# MOBILE CLINICS

<i>Day in Month</i>	<i>Centres</i>	<i>Approx. Time</i>	<i>Total No. of Infant attendances in the year</i>	<i>Average No. of Infant attendances per session</i>	<i>Total No. of Sessions held</i>
1st Tuesday	Cribyn (Request)	10.00 a.m.	81	7.36	11
	Llanwnen	10.45 a.m.	58	5.27	11
	Alltyblacca (Request)	11.00 a.m.	42	3.81	11
	Cwrtnewydd	11.30 a.m.	75	9.37	8
1st Wednesday	Llanon	10.00 a.m.	49	4.08	12
	Llanrhystud	10.45 a.m.	51	4.25	12
	Blaenplwyf	11.30 a.m.	62	5.16	12
1st Thursday	Upper Borth	10.00 a.m.	142	11.83	12
	Lower Borth	11.30 a.m.			
	Llandre (Request)	12.00 a.m.			
2nd Monday	Llanilar	10.00 a.m.	164	13.66	12
	Abermagwr	10.45 a.m.	69	5.75	12
	Pontrhydygroes (Request Stop)	11.15 a.m.	—	—	—
	Pontrhydfendigaid	11.30 a.m.	42	3.50	12
2nd Tuesday	Lledrod (Request)	10.00 a.m.	21	1.75	12
	Bronant	10.15 a.m.	50	4.16	12
	Llangeitho (Request)	11.00 a.m.	17	1.55	11
	Llanddewi Brefi	11.30 a.m.	85	7.08	12
	Tregaron	2—4 p.m.	212	17.66	12
2nd Wednesday	Llanbadarn	10.00 a.m.	84	7.00	12
2nd Thursday	Tre'rddol	10.00 a.m.	104	8.66	12
	Talybont	11.10 a.m.	143	11.91	12
2nd Friday	Capel Seion (Request)	10.00 a.m.	36	3.00	12
	Devil's Bridge	10.30 a.m.	25	2.08	12
	Ponterwyd	11.00 a.m.	35	2.91	12
	Goginan	2.00 p.m.	105	8.75	12
	Capel Bangor	3.00 p.m.	141	11.75	12
3rd Tuesday	Llechryd	10.30 a.m.	66	6.60	10
	Parcllyn	11.45 p.m.	70	5.83	12
3rd Wednesday	Commings Coch	10.00 a.m.	109	9.08	12
	Waunfawr	10.45 a.m.	205	17.08	12
3rd Thursday	Penrhyncoch	10.00 a.m.	91	7.58	12
	Bow Street	11.00 a.m.	74	6.16	12
3rd Friday	Pontgarreg	10.30 a.m.	15	1.36	11
	Beulah	11.15 a.m.	47	3.91	12
	Rhydlewes	11.45 a.m.	18	2.57	7
4th Monday	Penrhiwllan	1.30 p.m.	45	4.09	11
	Llandysul (Beeches Estate)	2.30 p.m.	53	4.82	11
4th Tuesday	Felinfach	10.00 a.m.	67	5.58	12
	Talsarn	10.45 a.m.	43	3.58	12
	Cross Inn	11.15 a.m.	33	2.75	12
	Llangwryfon (Request Stop)	11.45 a.m.	—	—	—
4th Thursday	Talgarreg	10.15 a.m.	23	1.91	12
	Pontsian	11.00 a.m.	25	2.08	12
TOTAL			2,877	6.22	462



### Fixed Clinics

<i>Centre</i>	<i>Where held</i>	<i>Day held</i>	<i>Total No. of infant attendances in the year</i>	<i>Average No. of infant attendances per session</i>	<i>Total No. of Sessions held</i>
Aberaeron	Memorial Hall, Aberaeron	2nd & 4th Friday in each month	124	5.39	23
Aberporth	Village Hall, Aberporth	1st Monday in each month	164	14.90	11
Aberystwyth	New Clinic, North Road, Aberystwyth	Every Wednesday & Thurs. afternoons	1,532	15.63	98
Cardigan	Health Centre	2nd & 4th Tuesday in each month	442	19.21	23
Lampeter	New Clinic, Temple Terrace, Lampeter	1st & 3rd Tuesday in each month	195	8.12	24
Llandysul	Graig Vestry, Llandysul	1st Tuesday in each month	59	4.91	12
Penparcau	Junior School, Penparcau,	Every Friday	769	15.38	50
		TOTAL	3,285	13.63	241

### Care of Premature Infants

During 1972 arrangements were made for a Health Visitor from South of Cardiganshire to visit weekly the Paediatric Unit, at West Wales General Hospital for consultation on Cardiganshire infants in Hospital with the Consultant Paediatrician.

Number of premature infants born at home	...	...	1
Transferred to hospital	...	...	—
Died within the first 24 hours	...	...	—
Died within the first 28 days	...	...	—

Dental Care.

The following data have been supplied by Mr. W. D. Percival Evans, the Principal Dental Officer.

The dental care of expectant and nursing mothers and of pre-school children is under the supervision of the Principal Dental Officer of the Authority. Full treatment is provided, including artificial dentures.

The following tables show the numbers treated and the type of treatment given during the year.

Attendances and Treatment

Number of Visits for Treatment during Year						Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit ...	...	...	...	...	...	57	23
Subsequent Visits ...	...	...	...	...	...	25	84
Total Visits ...						82	107
Number of Additional Courses of Treatment other than the First Course commenced during year ...						—	—
Treatment provided during the year—							
Number of Fillings ...	...	...	...	...	...	24	109
Teeth Filled ...	...	...	...	...	...	24	102
Teeth Extracted ...	...	...	...	...	...	77	66
General Anaesthetic given ...	...	...	...	...	...	37	27
Emergency Visits by Patients ...	...	...	...	...	...	—	4
Patients X-Rayed ...	...	...	...	...	...	—	34
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis) ...	...	...	...	...	...	18	29
Teeth Otherwise Conserved ...	...	...	...	...	...	—	—
Teeth Root Filled ...	...	...	...	...	...	—	—
Inlays ...	...	...	...	...	...	—	—
Crowns ...	...	...	...	...	...	—	—
Number of Courses of Treatment completed during the year						57	23

Prosthetics

Patients Supplied with F.U. or F.L. (First Time) ...	...	...	2
Patients Supplied with Other Dentures ...	...	...	6
Number of Dentures Supplied ...	...	...	8

Anaesthetics

General Anaesthetics Administered by Dental Officers ...	...	...	—
--	-----	-----	---

*Inspections :*

	Children 0—4 (incl.)	Expectant & Nursing Mothers
Number of Patients given First Inspections during Year ...	38	29
No. of Patients who required treatment ...	38	29
No. of Patients who were offered treatment ...	38	29
No. of Patients re-inspected during year ...	7	5

*Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :*

For Treatment ...	34
For Health Education ...	5

**Welfare Foods**

The amount of welfare foods issued during the period can be seen from the following table :—

Commodity	Van	Voluntary Distributors
National Dried Milk (cartons) ...	654	5,567
A. D. & C. Vitamin Drops (bottles) ...	1,425	452
A. D. & C. Vitamin Tablets (containers) ...	348	78
A. & D. Vitamin Tablets (containers) ...	150	40
Orange Juice (bottles) ...	2,674	4,686

Details of bulk supplies received up to the end of the year are shown in the following table :—

Commodity	Quantity
National Dried Milk (cartons) ...	6,360
A. D. & C. Vitamin Drops (bottles) ...	1,950
A. D. & C. Vitamin Tablets (containers)	740
A. & D. Vitamin Tablets (containers) ...	60



The amount of welfare foods issued during the year from the van at the various distribution centres is shown below :—

<i>Centre</i>	<i>National Dried Milk</i>	<i>A. D. &amp; C Vitamin Drops</i>	<i>A. D. &amp; C. Vitamin Tablets</i>	<i>A. &amp; D. Vitamin Tablets</i>	<i>Orange Juice</i>
Aberystwyth ...	465	1,029	223	80	1,958
Cardigan ...	8	31	1	12	114
Lampeter ...	140	238	85	39	467
Llandysul ...	41	127	39	19	135
TOTAL ... ..	654	1,425	348	150	2,674

### Family Planning Service.

Family planning clinics continued throughout 1972 at Aberaeron, Aberystwyth, Cardigan and Lampeter by arrangement with the Family Planning Association.

#### Patient statistics for family planning services 1972

		<i>New patients</i>	<i>Total visits Birth control</i>	<i>Cervical smears</i>
Aberaeron ...	...	48	280	50
Aberystwyth ...	...	130	716	26
Cardigan ...	...	72	477	167
Lampeter ...	...	25	114	25

### Male Sterilisation (Vasectomy).

Preliminary discussions took place towards the end of 1972 with officers of the Mid-Wales Hospital Management Committee and surgeons at Bronglais Hospital with a view to setting up a Family Planning Association Vasectomy Clinic at Bron-glais Hospital. The County Council decided to make financial provision in the current year for this vasectomy service if suitable arrangements can be made.

### Child Life Protection.

The duties in connection with Child Life Protection are now undertaken by the Social Services Committee. Close liaison is maintained with the Director of Social Services who notifies the Health Department of all children under five supervised by him. These are then visited by the health visitor.

### Section 3—MIDWIFERY

The Director of Nursing Services as Supervisor of Midwives paid 16 visits to Bronglais and Cardigan Maternity Units.

23 domiciliary and 19 hospital midwives notified their intention to practise during 1972.

The county is covered by two Maternity Liaison Committees. The one for the Mid-Wales Hospital Management Committee meets at Aberystwyth while that for the South West Wales Hospital Management Committee is convened at Carmarthen, Cardigan or Haverfordwest. The supervisor of midwives normally attends these meetings and the medical staff of the local health authority is represented by Dr. Glyn Rhys, M.R.C.O.G.

### Section 4—HEALTH VISITING

The Council employs eleven whole-time Health Visitors who also act as School Nurses.

The establishment of Health Visitors was not increased during the year because of lack of applicants, but one State Registered Nurse was appointed as School Nurse.

### Section 5—ATTACHMENT OF NURSES AND HEALTH VISITORS TO GENERAL PRACTITIONERS

A list of current attachments is appended.

Aberystwyth 52 North Parade, Surgery	From December 1970 From June, 1972	1 Health Visitor 3 District Nursing Sisters 1 State Enrolled Nurse
Aberystwyth 24 North Parade, Surgery	From February, 1972 From June, 1972	2 District Nursing Sisters 1 State Enrolled Nurse
Aberystwyth 22 North Parade, Surgery	From February, 1972	District Nursing Sister
Dr. J. B. Thomas, Llanilar	From 1970	1 District Nursing Sister
Lampeter Surgery	From August, 1971 From June, 1972	1 Health Visitor 2 District Nursing Sisters 1 State Enrolled Nurse
Cardigan Drs. Rees, Rendle & Goriah Drs. Jones & Harris	From March 1, 1972 From March 1, 1972	Health Visitor Health Visitor
Llandysul Drs. Griffiths & Selcon Drs. Jones & Enoch	} Part Time	Health Visitor District Nursing Sister



New Quay	}	Very good liaison with
Drs. Davies & Vasey		H.V. & Dist. Nursing Sister
Dr. James		
Borth	}	Very good liaison with
Dr. Lloyd Davies		Health Visitor and 4 District
Dr. W. C. Davies		Nursing Sisters attached
Tregaron	}	Good liaison with Health
Dr. Williams		Visitor and District
Dr. J. S. Turner		Nursing Sisters
Aberaeron	}	Good liaison with
Dr. H. Herbert		Health Visitor and
Dr. G. Hughes		District Nursing Sisters
Dr. Lloyd Rees		

A detailed account of the work of the health visitors is given in the ensuing table

**REPORT OF HEALTH VISITORS/SCHOOL NURSES FOR THE YEAR 1972**

AREA	Infant Visits (0—5 years)	CLINICS ATTENDED		No. of visits to T.B., Blind, Orthopaedic, Mentally Defective Persons	SCHOOL WORK		No. of Children found verminous or suffering from Minor Ailments	No. of Homes visited
		M. & C.W.	All Others		No. of Visits to Schools	No. of children examined		
Penglais, Llanbadarn, Capel Bangor & Town Centre (1) ...	654	143	4	198	98	3,313	12	13
Penparcau, Llanfarian & Town Centre (2)	1,110	171	13	53	75	3,339	10	42
Rhydypennau, Taly- bont, Glandyfi and Devil's Bridge ...	1,187	92	4	133	84	2,401	2	14
Aberystwyth Group Practice ... ..	921	100	—	228	12	737	9	11
Aberystwyth South	1,000	80	4	77	109	2,509	45	48
Aberaeron ...	1,004	28	—	68	68	2,054	12	9
Lampeter ...	864	178	19	569	86	3,998	62	42
Llandysul ...	1,146	78	1	293	88	4,072	8	41
Cardigan ...	960	37	—	172	43	5,075	65	182
Llangranog ...	1,171	71	3	74	61	2,673	7	27
Tregaron ...	674	92	14	101	48	1,573	20	17
School Nurse ...					57	4,543	27	8
TOTAL ...	10,691	1,070	62	1,996	829	36,287	279	454



## Section 6—HOME NURSING

It is with regret that the Health Committee accepted the resignation of Miss I. E. Mann, the Deputy Chief Nursing Officer, on her appointment as Director of Nursing Services to the County Borough of Merthyr Tydfil. Rather than fill the post in the traditional method the opportunity was taken of reorganising the administrative structure of the nursing service in accordance with the recommendations embodied in the Mayston Report. These include the appointment of First Line Managers and it was resolved to appoint one for health visiting and two for nursing and midwifery.

It is very satisfactory to note that, following public advertisement, the Committee came to the unanimous conclusion that no staff from outside was superior in qualifications and experience to those already in the service of the Cardiganshire County Council. Accordingly Miss V. O. Davies was appointed Nursing Officer in health visiting with responsibility for the whole county and Mrs. D. Bevan and Miss M. R. Harries were appointed Nursing Officers in nursing and midwifery with responsibility for north and south Cardiganshire respectively.

During the year the Director of Nursing Services—the new official designation of the Chief Nursing Officer—paid 48 visits to nursing sisters, 16 to health visitors, and 12 to general practitioners. She attended 18 area group meetings of nursing staff and 2 Careers Conventions in schools.

The three Nursing Officers were only in office for approximately half the year. The Nursing Officer (Health Visiting) paid 17 visits to health visitors, 6 to clinics and 3 to general practitioners. The Nursing Officers (Nursing and Midwifery) paid 54 visits to individual members of nursing staff, 47 to groups of nursing staff and 20 to general practitioners.

In October 1972, four District Nursing Sisters were seconded to Wrexham Health Department for three weeks Theoretical Training in preparation for the National District Nurse Training Certificate, the practical training being carried out and supervised on their own areas. The four were successful in the January examination.

### Co-operation with Social Services Department

Director of Nursing Services and Nursing Officer for Health Visiting made eight visits at the request of Social Services Department regarding play groups.

Case conference with Social Services Department (Director of Nursing Services)	8
Case conference with Social Services Department (Nursing Officers)	... 16
Social Services and Health Department Officers Liaison meetings	... 3

# REPORT OF DISTRICT NURSE/MIDWIVES FOR THE YEAR 1972

DISTRICT	MIDWIFERY				HOME NURSING					Sick Leave (days)	Maternity Leave (Days)
	No. of Live Births	Total Number of Maternity and Midwifery visits	Total Ante-Natal visits	Number of Mater- nity and Mid- wifery cases nursed (under 14 days)	Total Nursing Visits	Total No. of new cases during year	Cases over 65	Cases seen at Surgery	Treatment at Surgery		
Surgery 52 North Parade	1	527	96	76	6,216	233	165	161	344	20	—
Surgery 24 North Parade	1	632	179	103	4,478	222	159	1	—	—	—
Surgery 22 North Parade	—	161	62	38	2,389	119	67	—	—	—	—
Aberaeron ... ..	3 in Hospital	201	161	26	1,665	92	72	—	—	—	—
Aberporth ... ..	—	219	63	37	1,873	91	50	—	—	—	—
Borth ... ..	—	6	—	—	2,076	67	46	51	67	28	—
Cardigan Health Centre	—	156	59	35	1,509	91	67	305	—	—	—
Cardigan Ty Mawr ...	—	46	10	10	571	34	23	25	—	303	—
Devil's Bridge ...	—	210	108	26	1,384	149	75	32	30	—	84
Glandyfi ... ..	—	137	78	16	2,349	90	39	105	54	—	—
Henllan ... ..	—	82	57	10	2,380	111	56	—	—	—	—
Lampeter (Silian) ...	—	—	30	—	2,250	101	69	223	43	—	—
Lampeter (Cellan) ...	—	80	83	8	1,181	118	71	149	—	75	—
Llanafan ... ..	—	82	45	14	1,523	118	74	126	120	23	—
Llanarth ... ..	—	107	84	13	1,590	52	39	5	—	—	—
Llandysul ... ..	—	207	218	27	2,632	98	52	—	—	—	—
Llangeitho ... ..	1	166	183	16	1,970	138	57	—	—	—	—
Llangranog ... ..	3	127	50	13	1,478	118	61	2	—	—	—
Llanrhystud ... ..	—	196	127	25	2,055	127	69	—	—	—	—
Llanwenog ... ..	—	175	221	22	1,432	75	31	—	—	—	—
Llechryd ... ..	—	153	95	30	1,341	50	26	20	—	—	—
Mid-Aeron ... ..	1	299	239	45	1,276	150	30	—	—	—	—
New Quay ... ..	4	157	99	16	1,230	75	52	3	—	—	—
Rhydlewís ... ..	—	—	—	—	2,189	68	43	—	—	21	—
Rhydypennau ... ..	—	149	43	11	2,177	103	61	118	153	—	—
Talybont ... ..	—	142	74	18	1,734	107	48	57	—	—	—
Tregaron ... ..	—	111	75	16	1,777	142	63	1	—	19	—
Relief Nurses ...	1	248	144	—	6,034	—	—	86	23	—	—
TOTALS ... ..	12	4,776	2,683	651	60,759	2,939	1,665	1,470	834	489	84
in Hospital	3										



## Section 7—PREVENTION OF BREAK-UP OF FAMILIES

Problem families are regularly visited by health visitors and regular consultation occurs with the Director of Social Services.

## Section 8—VACCINATION AND IMMUNISATION

### Smallpox Vaccination

In normal times this is carried out entirely by general practitioners. Records of the 284 successful vaccinations and re-vaccinations carried out in 1972 are as follows

<i>Age</i>		<i>Number successfully vaccinated</i>	<i>Number successfully re-vaccinated</i>
Under 1 year old	...	5	—
1 year old	...	11	—
2—4 years	...	33	3
5—15 years	...	73	10
15+	...	21	128

The number of registered live births for the year 1972 was 640 so that at the end of the year an estimated 0.8% of children under a twelvemonth had been vaccinated.

### VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

Table I—COMPLETED PRIMARY COURSES—Number of Persons under age 16

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	TOTAL
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	8	172	83	7	7	—	277
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	4	7	13	27	30	81
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	2	2	11	17	62	94
8. Oral Poliomyelitis ...	31	305	148	26	65	17	592
9. Rubella ...	—	—	—	—	—	—	—
10. Measles ...	6	73	103	23	12	1	218
11. Lines 1+2+3+4+5 (Diphtheria) ...	8	176	90	20	34	30	358
12. Lines 1+2+3+6 (Whooping Cough)	8	172	83	7	7	—	277
13. Lines 1+2+4+7 (Tetanus) ...	8	178	92	31	51	92	452
14. Lines 1+8 (Polio) ...	31	305	148	26	65	17	592



Table 2—REINFORCING DOSES—Number of Persons under age 16

	YEAR OF BIRTH					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP ... ..	—	—	—	—	—	—	—
2. Triple DTP ... ..	—	25	48	37	40	—	150
3. Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ... ..	—	18	22	20	347	4	411
5. Diphtheria ... ..	—	—	—	—	—	—	—
6. Pertussis ... ..	—	—	—	—	—	—	—
7. Tetanus ... ..	—	—	—	6	3	52	61
{ 8. Poliomyelitis Oral ... ..	—	6	—	2	29	15	52
{ 9. Sabin ... ..							
10. Measles ... ..	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria) ...	—	43	70	57	387	4	561
12. Lines 1+2+3+6 (Whooping Cough)	—	25	48	37	40	—	150
13. Lines 1+2+4+7 (Tetanus) ...	—	43	70	63	390	56	622
14. Lines 1+8+9 (Polio) ... ..	—	6	—	2	29	15	52

### Section 9—AMBULANCE SERVICE

During the year under review the Ambulance Service operated a fleet of 21 vehicles—12 ambulances, 4 dual purpose vehicles, 3 utilibuses and 2 estate cars.

Delivery was made during the year of 2 Mercedes-Benz Ambulances, 2 Ford Transit Utilibuses and 2 Triumph Estate Cars.

Plans for the Radiotelephony Scheme are well in hand and it should be in operation early in the new year.

The number of patients conveyed by ambulance decreased from 32,847 in 1971 to 31,957 in 1972. A further 6,160 were conveyed by sitting cars as opposed to 6,923 in the previous year.

The number of emergency cases carried during the year however increased from 1,343 to 1,589. These now average four cases a day.

1 patient was transported by helicopter from Bronglais General Hospital, Aberystwyth, to Cardiff Royal Infirmary.

It is again with pleasure that we record a member of the team entered by the Cardiganshire County Council Ambulance won the award for the best driver at the annual competition and went on to represent Wales at the Great Britain finals in Stoke Mandeville.

**TABLE 14**

	1970	1971	1972
Number of patients conveyed	31,126	32,847	31,957
Number of journeys made ...	8,643	8,896	9,266
Mileage covered ... ..	316,965	328,700	328,675

**Ambulance Details, 1972**

Station	Total number of patients conveyed	Emergency	Non-emergency	Number of journeys made	Mileage covered
Aberystwyth	19,310	641	18,669	5,863	137,996
Cardigan	6,203	273	5,930	1,706	82,640
Lampeter	5,255	292	4,963	1,311	82,444
New Quay	1,189	152	1,037	386	25,595
Totals	31,957	1,358	30,599	9,266	328,675

**Sitting Car Details, 1972**

	Total	Emergency	Non-Emergency
Number of patients conveyed	6,160	231	5,929
Number of journeys made ...	2,783	—	—
Mileage covered ... ..	220,253	—	—

Comparative Statements 1972 with 1971, year ended 31st December

WHOLE COUNTY			<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
1972	...	...	9,266	31,957	328,675
1971	...	...	8,896	32,847	328,700
Difference	...		+ 370	— 890	— 25
ABERYSTWYTH					
1972	...	...	5,863	19,310	137,996
1971	...	...	5,678	19,925	144,196
Difference	...		+ 185	— 615	— 6,200
CARDIGAN					
1972	...	...	1,706	6,203	82,640
1971	...	...	1,532	5,852	79,909
Difference	...		+ 174	+ 351	+ 2,731
LAMPETER					
1972	...	...	1,311	5,255	82,444
1971	...	...	1,287	5,705	77,526
Difference	...		+ 24	— 450	+ 4,918
NEW QUAY					
1972	...	...	386	1,189	25,595
1971	...	...	399	1,365	27,069
Difference	...		— 13	— 176	— 1,474



## Summary of Ambulance and Sitting Car Work for 1972

	<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Ambulance : 1972 ...	9,266	31,957	328,675
Sitting Car : 1972 ...	2,783	6,160	220,253
Combined Figures : 1972 ...	12,049	38,117	548,928

### Section 10—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The local health authority's arrangements for the prevention of illness, care and after care are primarily related to tuberculosis, mental disorder and venereal disease but equipment for nursing at home and for the after care of patients is lent to persons suffering from a multitude of ailments.

#### **Tuberculosis**

Close association is maintained with the three chest physicians serving the county. Health visitors follow up contacts of tuberculosis patients and visit them in their homes following discharge. Where this is thought desirable, patients are sent to the Papworth Village Settlement.

#### **Report by Dr. BERYL THOMAS**

#### **Health Education**

Discussions between staff of the Department and members of the public on health matters takes place continually during the normal routine working sessions. In addition officers address local voluntary groups by invitation from time to time.

Antenatal classes were held weekly at Aberystwyth and Lampeter throughout the year and a new class was started at Cardigan Health Centre during 1972.

#### **Anti-smoking Campaign**

In April 1972, the team of anti-smoking educationalists attached to the British Temperance Society who had visited Aberystwyth in 1971, came to hold a 5-day anti-smoking clinic at the Students Union in Aberystwyth, with the support of the Health Department. During the week they were in Aberystwyth, they visited Lampeter, Aberaeron and Dinas Secondary Schools to show anti-smoking films and talk to the pupils. On November 1st the films which had been shown to the pupils were seen by members of the County Council.

#### **Venereal Disease**

Leaflets and posters regarding the dangers of venereal disease were distributed in the County when requested by doctors, teachers, etc. In addition, a short film on V.D. was shown to Headmasters and Senior Mistresses of schools in the Aberystwyth area with a view to showing it to senior pupils. Although that film was not considered to be suitable for showing to schoolchildren, other films on V.D. and other topics may be shown if they become available.

BERYL THOMAS,  
*Deputy County Medical Officer*

## Report of Dr. ANN RHYS, Senior Medical Officer

### Women's Diagnostic Clinic

Clinics continue to be held weekly at Aberystwyth and monthly at Lampeter. In addition, another weekly clinic commenced at the new Health Centre, Cardigan. An appointment system operates at these clinics but women without appointments are seen also, if time permits. We also utilized the National Recall Scheme for re-examination of women who had recently moved to Cardiganshire. Routine cervical smears are taken from each woman, and a number of other simple tests and examinations are offered also—viz., blood and urine testing, and examination of the breasts.

670 women attended the clinic during the year.

The following abnormalities came to light and were referred for suitable treatment :-

DISEASE	No.	Total	% of those attending
<i>Diseases and Abnormalities of the Genital Tract :—</i>			
Presence of malignant cells ...	3	3	.4
Infections of the vagina and cervix :			
Non Specific ... ..	130	328	48.9
Monilia ... ..	4		
Trichomonas ... ..	22		
Polypi of the cervix ... ..	11		
Erosions of the cervix (simple) ... ..	66		
Menstrual irregularities ... ..	64		
Prolapse ... ..	26		
Uterine fibroids ... ..	5		
Diseases of the breasts (simple) ...	22	22	3.3
Urinary infections ... ..	26	26	3.9
Anaemia ... ..	4	4	0.6
Psychiatric Disturbances ...	21	21	3.1

The laboratory work is done at the Pathology Department, New Bronglais Hospital.

The clinic is linked with the mammography service offered by New Bronglais Hospital. Patients attending the Cervical Cytology Clinic are offered an appointment for breast screening by special X-ray techniques at Bronglais Hospital.

The following tables analyse the clinic attendances according to

- (a) Age
- (b) Number of live and stillbirths
- (c) Number of women taking oral contraceptives
- (d) Number of women presenting with symptoms



(a) Analysis of Clinic Attendances according to age

<i>Age Group</i>	<i>No. of Women</i>	<i>% of Total Attendances</i>
Under 20	23	3.5
20—29	172	25.7
30—39	190	28.4
40—49	175	26.0
50 or over	110	16.4
TOTAL	670	100.0

(b) Analysis of Clinic Attendances according to No. of Live and Stillbirths  
(excluding abortions)

<i>No. of live &amp; stillbirths</i>	<i>No. of Women</i>	<i>% of Total Attendances</i>
0	174	25.9
1	107	16.0
2	203	30.3
3	107	16.0
4	38	5.7
5	38	5.7
Over 5	3	.4
TOTAL	670	100.0

- (c) No. of Women taking oral contraceptives—147  
(21.9% of total attendance)
- (d) No. of Women presenting with symptoms—246  
(36.7% of those attending)
- (e) No. of Women presenting with no symptoms—424  
(63.3% of those attending)

ANN RHYS  
*Senior Medical Officer*



## Report by Dr. Beryl Thomas

### 1. Notification of Congenital Defects apparent at birth

27 cases of congenital abnormality apparent at birth were notified to the Registrar General during 1972. The Analysis of these cases is as follows :

- |  |   |           |
|--|---|-----------|
| 1. Abnormalities of the central nervous system : |   |           |
| (a) Anencephalus                                 | 4 | } Total 6 |
| (b) Spina bifida and hydrocephalus               | 2 |           |
| 2. Congenital Dislocation of Hip—8               |   |           |
| 3. Deformities of feet—7                         |   |           |
| 4. Multiple abnormalities—3                      |   |           |
| 5. Other minor abnormalities—3                   |   |           |

This was an increase of 8 (42%) over the number of cases (19) in 1971. The main reason for this is the large number of cases reported to be suffering from congenital dislocation of the hip viz. 8 cases in 1972 compared with 1 in 1971. However, the 8 cases reported last year proved to be very minor abnormalities which have responded well to simple treatment in the orthopaedic clinic. Perhaps of more significance is the increase in cases of abnormalities of the central nervous system, particularly anencephalus of which there were 4 cases in 1972 compared with 1 in 1971 and 2 in 1970.

### 2. The Handicapped Child

#### (a) *Infants*

The system of keeping a list of all new born babies who 'at risk' of developing a physical or mental handicap was continued during 1972. Most of the babies considered to be 'at risk' developed perfectly normally but by the end of the year 17 children under the age of 4 years had been registered as having a mental or physical handicap. Most of the older handicapped infants could benefit very much from attending pre-school playgroups and nursery schools with normal children. The decision of the Social Services Committee during 1972 to give financial support to such groups is very much welcomed. The nursery schools will be expected to accept a small number of handicapped and deprived children but as yet problems associated with the provision of transport to pre-school groups has prevented some children attending.

(b) *The Handicapped School child*

<i>Handicapped</i>	<i>No. of Children</i>	<i>Educational Placement</i>
Partially Sighted	1 2	Residential Special School County Schools
Deaf	2	Residential Special School
Partially Hearing	1 8	Partially Hearing Unit, Cross Hands Mon.—Fri. County Schools
Physically Handicapped	4 18 2	Residential Special Schools County Schools Home tuition (long term)
Mentally Handicapped	30 11 2 3	Bronaeron Special School Designated classes and County Primary Schools Residential (Hospital) Schools No education at present

Table A ; Showing the educational provisions for handicapped pupils (other than those suffering from educational subnormality (ESN), behaviour and emotional problems and social deprivation).

Table A indicates the type of education which was provided in 1972 for children with mental and physical handicaps. It highlights the fact that parents of physically handicapped children have few options open to them at present. If the children cannot be accommodated in an ordinary school class, the only alternative is a residential special school outside the County or home tuition. Efforts are now being made to keep as many physically handicapped children as possible within the County Primary Schools by providing equipment and specialised teachers to enable them to cope with their school work. Most of the mentally handicapped children in Cardiganshire attend Bronaeron Special School, Felinfach, but eleven others attend two Designated Units attached to primary schools, one at Beulah C.P. School and another opened at the Remedial Class in Aberystwyth in September 1972. The latter unit is a new development in that it provides an alternative to the previous options open to these children, viz. ordinary primary school or Bronaeron. The daily journey to Bronaeron school from the northern and southern areas of the County can be long and tiring and in consultation with the parents, discussions will be held in the near future with a view to providing more local units for the children. Three children remain unplaced but efforts have been made to offer them education suitable to their needs.

The Special Services Sub-Committee of the Education Committee met twice during the year and officers of the Education, Health and Social Services Departments met each term to discuss individual handicapped children.

BERYL THOMAS  
*Deputy County Medical Officer*



## Fluoridation of Water Supplies

Few items have received such long and detailed discussion by the Health Committee as the fluoridation of water supplies. The convictions of both sides are firmly held and I personally see little likelihood of any change of view in the near future despite the request of the Cardiganshire Health Executive Council for a change of heart.

## Incontinence Pads

Incontinence pads are provided to all nursing cases where they are required. The application is made through the district nurse or health visitor.

18,788 plus a quantity of rolls and garments have been used in domiciliary and welfare homes cases during the year.

## Section 11—VENEREAL DISEASES

Venereal disease clinics to serve the north of the county are held at the General Hospital, Aberystwyth, and for the south at Glangwili Hospital, Carmarthen. Some south Cardiganshire cases are also treated at Swansea.

The number of cases of venereal infection and other conditions treated at hospital clinics is shown below. How many cases are treated by their general practitioners is not known but owing to the distance from parts of Cardiganshire to either Bronglais or Glangwili Hospitals and to the poor or non-existent public transport services in the evenings in particular it would be surprising if there were none.

Few requests have been received from the consultant venereologists for contact tracing. Whether this implies that the sources of infection lie outside Cardiganshire is open to argument !

As the extent of the problem is small the health education efforts have been commensurate.

The details of the cases dealt with for the first time in 1972 are as follows :—

### Number of New Cases in the Year

Total of venereal and other conditions	Syphilis		Gonorrhoea	Other Conditions
	Primary & Secondary	Other		
75	—	2	14	59

## Section 12—MISCELLANEOUS MEDICAL EXAMINATIONS

The Health Department carried out a large number of medical examinations during the year. These were undertaken for a variety of reasons. All new entrants to the superannuation scheme were examined as were all roadmen qualifying for admission to the Sick Pay Scheme. Entrants to Training Colleges were also examined and these numbered one hundred and eleven. All Mid-day Meal staff were submitted to examination. A number of examinations were carried out on behalf of other local authorities on a reciprocal basis.

All applicants for school transport on medical grounds, school absentees, handicapped pupils in various categories, and children applying for the deferment of the Non Verbal Intelligence Test on health grounds were examined. Details of the examinations carried out are given in the ensuing table :

Routine medical examinations of children at Peterwell Home and Cartrefle and Erw Lôn Family Units were carried out by medical officers of the Department. Boarded out children were also examined in the manner prescribed by statute. Close contact is kept with the Director of Social Services, on the one hand, and with practitioners providing the children with general medical services, on the other.

### Medical Examinations for 1972

#### *County Council Staff :*

Agricultural College	...	...	6
Architect's	...	...	13
Clerk's	...	...	7
College of Librarianship	...	...	11
County Library	...	...	8
Education	...	...	91
Health	...	...	17
Llanbadarn Fawr Colleges			
(Catering Services)	...	...	32
Local Taxation	...	...	1
Planning	...	...	3
Police and Fire Service	...	...	2
Road Safety	...	...	24
Social Services	...	...	29
Surveyor's	...	...	14
Transport and Maintenance	...	...	1
Treasurer's	...	...	6
			<hr/> 265
Trainees	...	...	...
Other Local Authorities	...	...	20
			<hr/> 396

### Section 13—CHIROPODY SERVICE

The Chiropody Service in Cardiganshire is administered by the Social Services Committee.

### Section 14—MENTAL HEALTH

#### Report of Dr. A. RHYS, Senior Medical Officer in Charge of Mental Health

Responsibility for Community Mental Health now lies with the Department of Social Services. Psychogeriatric and acute mental illness problems continued to be referred to the Health Department. There was a noticeable steady increase in the psychogeriatric referrals, and it is expected that this trend will continue as it is estimated that in the next decade, the number of people aged 65 years and over



(already almost 6½ million in England and Wales) is expected to increase by over 12 per cent and those aged 75 years and over (now over 2¼ million) by over 18 per cent. There are, at present, 11—12,000 people living in Cardiganshire who are over 76 years old (22 per cent of the population) and about 2,000 of these live on their own. Patients were assessed at the Geriatric Unit, Bronglais, at Welfare Homes for the Aged, and at their own homes. Suitable placements were found for all those referred. Most of these patients were referred to the Psycho-Geriatric Hostel (Bryntirion) at Tregaron, but others were admitted to St. David's Hospital, Carmarthen, and a minority were admitted to Welfare Homes under medication. Excellent liaison with the Consultant Geriatrician at Bronglais Hospital and the Consultant Staff at St. David's Hospital contributed greatly to the smooth running of this service.

We were very pleased to congratulate Mrs. Eluned Evans on her promotion from Deputy Matron to Matron of Bryntirion this year. The patients were reviewed regularly and suitable treatment prescribed with the co-operation of the two Tregaron General Practitioners. There were few staffing problems and the Hostel continued to function smoothly.

Thirty pupils were attending Ysgol Bronaeron (now the responsibility of the Education Department) at the end of the year. Three were transferred to Highmead School and their progress there is encouraging. We look forward to the building of the Adult Training Centre which will be an important extension of the valuable work done at Bronaeron. We continue to be grateful for the ready, willing and constant support given to Bryntirion and Ysgol Bronaeron by voluntary agencies.

Pupils with behaviour problems and learning difficulties were assessed and referred, to the Child Guidance Clinic, or for suitable remedial education.

There was increasing implementation of Sections 25 and 26 of the Mental Health Act 1959 for Compulsory Admission to Mental Hospitals and Hospitals for the Mentally Subnormal. During the year nine patients were admitted under Section 25 and three under Section 26. In addition, seven patients were admitted under Section 29. In addition, some patients were also seen and assessed at Aberystwyth Police Station where they were being detained pending psychiatric opinion.

It was felt that a need had arisen for Staff tuition in some of the relevant aspects of Psychological Medicine, in order that the new generic social workers might have a better comprehension of some of the problems encountered in their work in Mental Health. A course of lectures has therefore been arranged and In-Service training will commence in January 1973.

A. RHYS,  
*Senior Medical Officer  
in charge of Mental Health*

## **Section 15—SANITARY CIRCUMSTANCES**

### **Report of Mr. Evan Richards, County Public Health Inspector**

#### **Milk (Special Designations) Regulations, 1963**

The duties imposed on the County Council under these Regulations are :—

- (i) the licensing and supervision of milk pasteurising plants,
- (ii) the licensing of dairies where milk is bottled other than at the place of production, and
- (iii) the granting of licences to retail milk which has been bottled at other premises and is obtained pre-packed by these retailers.



The County Council has delegated the work to the Health Committee and the Order is administered as follows :—

- (i) The certification of premises and the supervision of the handling, treatment and bottling is carried out by the County Public Health Inspector.
- (ii) Routine samples of milk are taken by the Weights and Measures Inspectors at the same time as samples taken under the Food and Drugs Act.

The number of licences in force at the end of the year were as follows :—

1. No. of licensed pasteurising plants	...	...	...	...	1
2. No. of dairies where milk is bottled	...	...	...	...	10
3. No. of premises licensed for the re-sale of pre-packed milk	...	...	...	...	43

### Diseases of Animals

Under Section 31 of the Food and Drugs Act, 1955, it is forbidden for any person knowingly to sell milk from any cow suffering from tuberculosis, infection of the udder, anthrax or foot-and-mouth disease. It is the duty of the County Council to enforce these restrictions and for that purpose there is close liaison with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, whose Veterinary Inspectors inform the County Medical Officer of possible sources of infection discovered at routine clinical examination of the herds.

Twenty-nine cases of sudden death of animals were notified but none of these were confirmed as being due to Anthrax.

A number of notifications were also received from the Divisional Veterinary Officer of Salmonella Dublin recovered from bovine samples examined at the Veterinary Investigation Laboratory, but no cases of the disease amongst humans were notified which could be attributed to these sources.

In accordance with Circular 17/66 from the Welsh Board of Health on brucellosis a total of 87 milk samples from retail purveyors and schools supplied were submitted to the Public Health Laboratories for examination for Br. abortus infection. A number were reported as being positive when examined by the Ring Test, but in each case subsequent tests proved to be negative, showing that the positive Ring Test result was due to inoculation of the cattle with S.19.

Further progress was made during the year with the eradication of brucellosis from dairy herds under the Brucellosis (Eradication Area) (England and Wales) Order and on 1st October the Northern part of Cardiganshire was declared to be an Eradication Area (the Southern part of the County having been designated as such during the previous year), so that now the whole County is an Eradication Area. At the end of the year there were 2,148 herds fully accredited under the Brucellosis Accredited Scheme and a further 596 herds were in various stages of testing.

### Infectious Disease

The Table on page 12 shows the incidence of infectious diseases notified by local authority areas, from which it will be seen that the county continued to be free from any of the major infectious diseases.

### Tuberculosis

During the year 15 new cases of tuberculosis were notified by the Chest Physician, 11 being respiratory tuberculosis and the other 4 being non-respiratory.

Each new case is investigated as to the environmental conditions at the home, in order to prevent the spread of infection, and any adverse conditions are reported to the District Medical Officer of Health for action by the local Sanitary Authority. Similar action is taken when a person is discharged from hospital. Premises and clothing are disinfected after admission of respiratory cases to hospital and also in the event of a death at home.

The figures of new cases notified for the first time in each year since 1952 are given below :

<i>Year</i>	<i>New Cases</i>		<i>No. of Deaths</i>	
	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>
1952	36	7	12	3
1953	47	2	14	1
1954	44	7	5	2
1955	37	5	4	1
1956	43	8	9	2
1957	35	8	6	1
1958	29	3	2	Nil
1959	30	8	5	Nil
1960	25	6	8	2
1961	33	5	8	Nil
1962	18	7	1	1
1963	23	5	1	1
1964	17	5	4	2
1965	14	9	3	Nil
1966	17	3	2	1
1967	18	2	4	Nil
1968	15	1	1	Nil
1969	12	3	2	1
1970	9	3	1	Nil
1971	12	6	Nil	Nil
1972	11	4	1	Nil

## Housing

Under Section 116 of the Housing Act, 1957, it is the duty of the County Council to have constant regard to housing conditions in each rural district within its area with particular reference to overcrowding and other unsatisfactory housing conditions. It has also to see that sufficient steps are being taken by the district authorities to remedy these conditions and to provide additional housing. These functions can briefly be divided into (a) the building of new houses to let, (b) the improvement of existing houses, and (c) condemnation or the serving of Closing Orders on unfit houses.



## New Housing

The following table shows the number of new dwellings erected by the various authorities during the year and also since the end of the last war :—

### NEW HOUSES BUILT FROM 1945 TO 31.12.72

	<i>Local Authority Houses</i>			<i>Privately Built Houses</i>		
	No. under construction at 31.12.72	No. completed in 1972	No. completed since 1945	No. under construction at 31.12.72	No. completed in 1972	No. completed since 1945
Aberystwyth Borough	18	16	531	1	—	179
Cardigan Borough ...	5	43	400	21	8	222
Lampeter Borough ...	12	46	177	—	1	88
Aberaeron Urban ...	—	—	84	6	1	65
New Quay Urban ...	—	—	34	—	5	50
Aberaeron Rural ...	4	18	448	51	21	261
Aberystwyth Rural ...	11	—	478	73	85	998
Teifside Rural ...	104	12	645	65	15	413
Tregaron Rural ...	23	15	171	29	6	115
Whole County ...	177	150	2,968	246	142	2,391

## Housing Improvement Grants

Mention was made in last year's report on the increased activity in the field of housing improvement due to the increase in the maximum amount of grant for improvement and repairs of older properties from £1,000 to £1,500 in development areas, and this activity has continued throughout the year. Originally the works had to be completed before June, 1973, but the Welsh Office subsequently agreed to extend this time limit to June, 1974. There is a considerable back-log of approved schemes that have not been started because of the shortage of local building labour and for that reason it is virtually certain that a considerable number will not be completed in time to qualify for the higher grant. The four Rural District Councils have been very active in encouraging owners to take advantage of these grants and the following table shows the number of grants approved during the year :—



<i>Name of Authority</i>	<i>Number of discretionary grants approved</i>	<i>Number of standard grants approved</i>	<b>TOTAL</b>
Aberaeron R.D.C.	... 130	28	158
Aberystwyth R.D.C.	... 153	37	190
Teifiside R.D.C.	... 151	25	176
Tregaron R.D.C.	... 87	31	118

### Unfit Houses

There are no slum areas of houses within the County which call for action to clear them as clearance areas as is the case in the large combinations of industrial areas, but at the same time there are still a number of individual unfit houses scattered throughout the area. Action is taken either in demolishing them or serving Closing Orders on their owners when the present occupiers can be rehoused. Many such properties, especially if they are situated in isolated rural areas, are purchased as holiday houses and considerable sums of money is expended on bringing them up to standard.

### Rural Water Supplies and Sewerage Acts, 1944—1965

Under the provisions of these Acts local authorities are required to provide a supply of wholesome water in pipes to every rural locality in which there are homes or schools. In order to enable this to be done the Ministry of Housing and Local Government makes grants available towards the cost of such works as the expense of providing either a piped water supply or a sewerage scheme is considerably greater in rural areas with a scattered population than in a built-up urban area.

The Act requires that where a local sanitary authority or a joint board apply for a Ministry grant the proposals have to be referred to the County Council for their observations and such observations are considered by the Ministry before approving schemes. Where a Ministry grant is made, the County Council is likewise required to make a grant, and it is the County Council's policy to grant the equivalent of 50 per cent of the Ministry grant.

The following schemes were approved in principle during the year :—

1. Grouped water mains extensions for the Cardiganshire Water Board to supply the following properties from the Board's distribution mains at an estimated cost of £36,254 :—

- (a) To Crugyreryr, Talgarreg, to provide a supply to 7 farms and 5 houses.
- (b) To Greengrove, Adpar, to provide a supply to 2 properties beyond Brynderwen.
- (c) To Rhiwson, Drefach, to supply 2 cottages.
- (d) To Blaenhowel, Prengwyn, to supply 2 farms and 3 cottages.
- (e) To Cilbronnau, Llangoedmore, to supply 4 farms and 5 cottages.

- (f) To Porthmawr, Llanon, to supply 2 farms and 2 houses.
  - (g) To Cwmrolyn, Felinfach, to supply 2 cottages.
  - (h) To Joppa to supply 7 properties between Lluest Newydd and Penlon.
  - (i) From Blaenplwyf to Llanrhystud to supply 17 farms and 8 houses en route.
2. A scheme submitted by the Aberaeron R.D.C. to provide a sewerage and sewage disposal scheme for the village of Dihewid (approximately 25 dwellings) at an estimated cost of £34,743.
  3. A scheme submitted by the Aberaeron R.D.C. to provide a sewerage and sewage disposal scheme for the village of Silian to cater for 40 properties at an estimated cost of £60,211.
  4. A scheme by the Aberystwyth R.D.C. to provide a joint sewerage scheme for the villages of Taliesin and Tre'rddol, and for the sewage to be pumped to the existing disposal works on the Borth sewerage scheme which is adequate to treat the additional flow. The scheme is estimated to cost £195,000 and is designed so that it can be extended at a later stage to sewer Eglwysfach, Furnace and Glandyfi.
  5. A scheme submitted by the Tregaron R.D.C. to provide a joint sewerage and sewage disposal scheme for the village of Ffair Rhos to cater for approximately 160 properties at an estimated cost of £200,000.

During the year work proceeded on some of the schemes that had been approved in previous years :—

1. Work continued throughout the year on the Tregaron Sewerage and Sewage Disposal Scheme. The disposal works have now been completed and work is proceeding on the laying of the sewers.
2. A tender was accepted for the Llangeitho Sewerage Scheme by the Tregaron R.D.C. and work on the construction of the disposal works was commenced.
3. A tender was accepted by the Tregaron R.D.C. for the Pontrhydfendigaid and Ffair Rhos Sewerage Scheme and work is expected to start in the very near future.
4. The Verwig Sewerage Scheme was completed by the Teifside R.D.C. and is now virtually operational.
5. Work continued throughout the year on the joint sewerage scheme for Aberbanc, Pentrellan and Croesllan for the Teifside R.D.C. and is now virtually completed.
6. Work commenced on the Beulah and Bryngwyn Sewerage Scheme by the Teifside R.D.C.
7. Work proceeded during the year on the joint sewerage scheme for Bow Street, Llandre and Penrhyncoch by the Aberystwyth R.D.C.



8. The Pennant Sewerage Scheme was completed by the Aberaeron R.D.C. including minor additional sewers to the original scheme.
9. The Cellan Sewerage Scheme was completed by the Aberaeron R.D.C.
10. A tender was accepted by the Aberaeron R.D.C. for the Dihewid Sewerage Scheme and work has now been commenced.
11. A tender was accepted by the Aberaeron R.D.C. for the submarine outfall portion of the comprehensive sewerage scheme to cover the New Quay, Llanarth, Gilfachrheda, Synod Inn and Cross Inn area, and a tender was also accepted for the laying of the new sewers from Synod Inn to Cnwe-y-Lili.
12. Work proceeded on the Drefach and Llanwenog Sewerage Scheme by the Aberaeron R.D.C. The laying of all the sewers has been completed and work on the disposal works is proceeding.

## General

The 1971 Census Report for Cardiganshire has recently been published and comparison with the reports for 1961 and 1951 as far as household amenities are concerned indicated the general improvement that has taken place in that period. As the form of census return was not identical for the three censuses it is not possible to give direct comparison for the several household amenities but the following figures indicate the overall positions :—

1. 85% of all households had a hot water supply in 1971 compared with 65% in 1961.
2. 87% of all households had either an inside or outside water toilet in 1971 compared with 66% in 1961 and 44% in 1951.
3. 80% of all households had a fixed bath or shower in 1971 compared with 58% in 1961 and 32% in 1951.

The above figures indicate clearly the progress that has been made in the provision of mains water supply, sewerage and the encouragement given by all local authorities in the County to improve houses by means of grants. Now that local government reorganisation is to take place within the next year it is fitting not only to reflect on the achievements over the last twenty years but also to consider the problems that will fall on the new Ceredigion District Council in the particular field in order to improve the standard still further until every family has a home with modern amenities. This will call for :—

1. An inspection of all the older houses throughout the area to decide which houses are capable of being improved or whether they should be condemned as unfit and their occupants rehoused by the local authority, and
2. The provision of sewerage schemes for every village. At present there are many approved schemes awaiting approval and many others in various stages of design. Probably one of the first major problems of the new Authority will be to decide on the order of priority to be given to these schemes.

EVAN RICHARDS,  
*County Public Health Inspector*





CARDIGANSHIRE EDUCATION COMMITTEE

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ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1972



## COUNTY EDUCATION COMMITTEE

Chairman 1961-73—Alderman W. M. DAVIES, J.P.

plus all Members of the County Council and 10 co-opted members.

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There is no School Health Sub-Committee as such and all health questions are considered by the appropriate sub-committees of the Education Committee.

## To the Chairman and Members of the Education Committee

I have pleasure in presenting the Annual Report for the year which ended on 31st December, 1972.

Our dental service was depleted by the loss of one dentist but we were fortunately able to retain the services of our Principal School Dental Officer for a further year. Had it not been for this the dental situation would have been even more acute than it is at present.

The additional speech therapist appointed helped to reduce the waiting list of children requiring speech therapy. During the year numerous requests were received from hospital and family doctors to treat adult patients who had acquired speech defects as a result of some illness, usually a stroke. The speech therapists of the education authority are appointed to attend to school children and their hands are full but if a third appointment were approved it might then be possible to make it on a joint basis with the hospital authority.

The health of the school children continues to be good.

A more detailed account of the work of the School Health Services is given in the ensuing pages.

I. MORGAN WATKIN,  
*Principal School Medical Officer*



## REPORT ON DENTAL SERVICE 1972

I beg to submit my 42nd Annual Report on the School Dental Service for the year ended 1972.

The routine inspection continued during the year although the Department was handicapped somewhat first through illness of members of the Dental Staff and secondly through the loss of one Dental Officer who left for another Authority.

Hence we were only two dental officers on the staff, this led to a heavy calendar of work for the two remaining, and the number of sessions devoted to inspection dropped accordingly. However, we have now been fortunate in obtaining the services of another experienced dentist and we are looking forward to his joining the staff soon. After a recent inspection the Regional Dental Officer recommended that another dentist be appointed.

The new Health Centre in Cardigan is now in use and the children of the Cardigan Schools are now being treated in the Dental Clinic there.

This will release the Mobile Clinic for other schools in the more rural areas. As a result the Authority might now consider the supplying of a vehicle for towing it around. At the moment this is done by another Department.

As we have no Orthodontic Consultant visiting this County—the majority of orthodontic cases are treated by the officers of this Authority.

Some Authorities have their own Consultant and it is to be hoped that in the near future arrangements could be made for an orthodontist to attend this area too.

The question of Dental Auxiliaries working in the department has been considered, but it was felt that since an increase in the dental staff was envisaged that the matter be deferred for the moment.

In the field of Dental Health Education the Medical Officers, Dental Officers, Health Visitors and nurses are doing what they can but more could be done if the Authority possessed a Health Education Officer. It may be that after Re-organisation of the three counties this will come about.

A table showing work done in the department is shewn at the end of the Report.

W. D. PERCIVAL EVANS,  
*Principal School Dental Officer*

## SCHOOL PSYCHOLOGICAL SERVICE

### Report of Dr. CYRIL JAMES, Consultant Educational Psychologist

The School Psychological Service in Cardiganshire functions in accordance with the organisation laid down in previous years in the monograph of the British Psychological Society and in the Summerfield Report. The Psychological Service is closely co-ordinated with the Education, Health and Social Services whilst liaison is maintained with the Consultants both at Glangwili and St. David's Hospital, Carmarthen.

Liaison is also maintained with the staffs of all the schools, both primary and secondary, in such a way that the handicapped pupils in the designated units as well as in the various streams and sets follow the curriculum through a methodology suited to their needs. In this way the slow learning and the disadvantaged children proceed at a pace suited to their disabilities. Special attention is also paid to the bilingual child in so far as English and Welsh receive full recognition as media of communication.

Preventive and Remedial measures play their part in fostering the educational and social progress of the children. Close liaison is also maintained with the parents in such a way that both advisory and clinical techniques form a complementary approach designed to foster the mental health and scholastic progress of all the children ranging from the educationally subnormal to the "high flier".

The psychologist is concerned with dealing with a far wider concept of intelligence than that of the oversimplified I.Q.: one is concerned rather with the functional level of a pupil's intelligence on the following levels:

- (1) Sensori-motor
- (2) Perceptual
- (3) Conceptual
- (4) Abstract
- (5) Hypothetico-Deductive

Such an approach takes account of the interaction between the factors of both heredity and environment. This wider appraisal of "child guidance" involves the assessment of children at home and in school as well as in the clinic. Through such serial assessments one obtains a rounder picture of the child which includes a description of those orectic factors facilitating or inhibiting the pupil's progress. The aim, therefore, is to establish a corridor of special educational treatments through which the child passes to the point where he or she can become independent and hold a job. In this respect close liaison is maintained with the Careers Officers particularly in the case of handicapped school leavers from schools such as Highmead.

The following are the details of the children examined by the Consultant Psychologist during 1972 in clinics as well as during school and domiciliary visits:

**Table I—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(i) Educationally			
(a) Retarded	21	2	23
(b) Backward	11	4	15
(c) Dull	6	5	11
(d) Functionally	1	1	2
(ii) Maladjusted (wholly)	—	2	2
(iii) For Educational Guidance	1	—	1
(iv) Gifted Pupils	1	—	1
*Total	41	14	55

(\*In addition ten cases were reviewed and another range of cases were examined by Dr. Clive Williams.)



A variety of recommendations were made by the Psychologist in consultation with the County Medical Officer and with the medical Consultants of the Welsh Hospital Board.

**Table II**  
**RECOMMENDATIONS FOR SPECIAL EDUCATIONAL TREATMENT**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Residential Special School E.S.N. Highmead	5	2	7
Day Special School (Bronaeron) ...	1	1	2
Designated Class (ordinary school) ...	13	6	19
Ordinary School (observation) ...	34	10	44
Remedial Teaching ...	29	4	33
Medical opinion ...	38	14	52
Ophthalmic ...	1	—	1
Orthopaedic ...	—	—	—
Audiometric ...	2	—	2
Speech Therapy... ..	3	1	4
Psychiatric Referral ...	8	2	10
Paediatric Referral ...	2	2	4
Neurological ...	—	—	—
Vocational Guidance* ...	—	—	—
Educational Guidance ...	1	—	1
Boarding Education ...	—	—	—
Hospital Special Units ...	—	—	—
Home Tuition ...	—	—	—

\**Vocational Guidance* : Children who leave Highmead Residential Special School are referred to the Careers Officers of their respective Counties where arrangements are made for pupils to be interviewed for job placement in their penultimate term at school and during their last vacation.

In addition to the above examinations and recommendations children referred for treatment by the psychologist and consultant colleagues in previous years are reviewed and serially assessed.

A careful series of screening procedures in respect of pupils who require special educational treatment have gradually been instituted in keeping with the growing sophistication of teachers in the techniques of testing by means of standardised procedures.

These surveys and examinations form a series of eliminating sieves which serve to sort out those children who require more detailed forms of appraisal and help—ranging from the “designated unit” to the special school. It is nevertheless the policy of the Local Educational Authority to make as much provision available locally.

Such procedures include the following :

- (i) Pre School Medical and auxiliary staff surveys.
- (ii) Procedural arrangements with Welsh Hospital Board Consultants.
- (iii) Cumulative School Records allied with a Handicapped Pupils Return.
- (iv) Remedial Education Assessments.
- (v) School Medical Inspections and Examinations (Main School Medical Record)
- (vi) Psychiatric/Paediatric Examinations and related Consultants.
- (vii) Psychologist’s Examinations.

In this manner a detailed appraisal can be made of the needs of any child 'at risk': liaison in this respect is also maintained with the General Practitioner.

As indicated above the policy has been to deal with as many handicapped pupils locally in their own environment and to transfer to Highmead Residential Special School only such pupils who have gross sociological difficulties and who therefore require longer term supportive treatment. The exception is, clearly, that a small number of children who are either blind or deaf do require specialised teaching other than what is available within the County: it is hoped that arrangements will be made in the near future for the appointment of a remedial teacher of the partially hearing.

The designated units which were set up in 1970/71 are now firmly established. Most are well equipped and staffed with qualified teachers. *These classes which form part of the ordinary primary school* draw children from the surrounding catchment area.

The following units are now fully operative:

- |  |                     |
|--|---------------------|
| 1. Cardigan (14)   | 4. Lampeter (8)     |
| 2. Beulah (8)  | 5. Tregaron (10)    |
| 3. Llandysul (10)  | 6. Aberystwyth (14) |
| 7. Peripatetic Remedial teaching arrangements are also available in the South of the County (61) |                     |

The children who attend these designated units are basically E.S.N. (Dull) Pupils with an I.Q. Range 50—70+ but who suffer from acute sociological difficulties. During the day these children are also integrated with the rest of the school whilst the teachers themselves work in close liaison with the School Health and Psychological Services.

The following children were assessed by headteachers and referred for Special Educational Treatment through the Handicapped Pupils Return for 1971-72.

**Table III**

**SURVEY OF PUPILS DEEMED PROVISIONALLY TO REQUIRE S.E.T.**

	<i>All Age Groups</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Subnormal ... ..	3	3	6
Dull ... ..	13	2	15
Backward ... ..	115	49	164
Retarded ... ..	26	7	33
Maladjusted ... ..	4	5	9
Unclassified	—	—	—
Total ... ..	161	66	227



The following children were serially assessed and reviewed by the Medical Officer and the psychologist as in need to attend Highmead Residential Special School :

**Table IV**  
**AT HIGHMEAD RESIDENTIAL SPECIAL SCHOOL FOR E.S.N. PUPILS**

	<i>Admissions 1972</i>			<i>Discharges 1972</i>			<i>Resident 31.12.72</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cardiganshire	2	4	6	1	1	2	13	8	21
Carmarthenshire	5	9	14	5	3	8	34	32	66
Pembrokeshire	3	2	5	4	1	5	19	6	25
Out/County	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>10</b>	<b>15</b>	<b>25</b>	<b>10</b>	<b>5</b>	<b>15</b>	<b>66</b>	<b>46</b>	<b>112</b>

Total on Roll—31st December, 1971—102 (36 girls and 66 boys)

Total on Roll—31st December, 1972—112 (46 girls and 66 boys)

As indicated in previous reports the climate of opinion is gradually moving slowly in favour of making greater provision for the handicapped particularly the educationally subnormal who are less able when adult to cope with the pressures of modern life. It is now realised that not only pupils have difficulty in coping with their increasingly complex environment but the parents too have their own difficulties. Thus entrants to Highmead R.S.S. are more ontologically secure if they receive early help for their later learning can be greatly enhanced by the assimilation of concepts at the right maturational age and level of reasoning. The sophisticated procedure for the transfer of pupils from primary to secondary schools, particularly in Carmarthenshire has also helped to highlight the problem of the handicapped as well as facilitate the discovery of the 'slower stream' who require Special Educational Treatment in the ordinary Secondary Modern or Comprehensive School.

The majority of pupils are making relatively satisfactory progress at Highmead when account is taken of their mental limitations. The sympathy and benevolent discipline of the staff help to ensure their educational and social development. Parents are encouraged to keep in touch with their children and arrange for weekend leave.

Highmead School leavers obtain jobs although a small number, as a result of personality defects, are unable to hold them for any length of time. In this respect there is a need to establish a Sheltered Workshop with ancillary facilities for Further Education and Community Care. It is assumed that the Department of Social Services will make more provision for the physically and mentally handicapped adult. Such matters have been discussed by the psychologist with the Careers Officers of the three counties. Concern has also been expressed at the Welsh Hospital Board Meetings held at Cardiff to co-ordinate the smooth transfer of the severely subnormal pupils from the health to the education department.

The psychologist continues to co-operate with the County Medical Officers and Consultant Psychiatrist in respect of pupils in order to ascertain and review their progress both in the ordinary and residential schools.

Table V—S.E.T. AT RESIDENTIAL SPECIAL SCHOOLS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Blind ... ..	—	—	—
Partially Blind ... ..	1	1	2
Deaf ... ..	1	1	2
Impaired Hearing ... ..	—	1	1
Delicate ... ..	—	1	1
Physically Handicapped ... ..	3	—	3
Maladjusted ... ..	1	1	2
Diabetic ... ..	—	—	—
Epileptic... ..	—	—	—
<b>TOTAL</b> ... ..	<b>6</b>	<b>5</b>	<b>11</b>

One of the gaps in the provision of special educational treatment in West Wales is that in respect of residential accommodation for the maladjusted. Plans have been drawn up for a school at Carmarthen. Such a school for the “brighter sociological misfits” will serve to complement the arrangements made at Highmead for the “slower learning maladjusted”. The all-age facilities at Carmarthen will be supplemented by supportive units both at the primary and secondary level: it will also be possible to make daily use of the Technical College and the Dyfed College of Art.

Proposals are advanced by the Welsh Hospital Board for the establishment of a residential assessment unit for E.S.N. Children at Glangwili Hospital.

There but remains the urgent need to establish a general *Diagnostic Unit* at Carmarthen (similar to that which is operating successfully at Llanelli) in order to co-ordinate the work of the School Psychological Service.

As far as Cardiganshire is concerned there is an urgent need to establish two “Multicap Units” for handicapped children. One in the north at Aberystwyth and one in the south at Newcastle Emlyn which will also service North Pembrokeshire, and West Carmarthenshire. Such facilities would strengthen the situation at Bronaeron which should have a dozen residential places added to the present provision.

Such “Multicap Centres” should include:

- (i) Units for all grades of ‘S.S.N.’ pupil (I.Q. <50)
- (ii) Designated Unit for E.S.N. (Dull) pupil I.Q. Range 50—70
- (iii) Remedial Unit for pupils (of normal intelligence) requiring S.E.T.
- (iv) Nursery (Pre School) provision for “disadvantaged children” (Age Range 2—4 years)
- (v) Medical Unit to include:
  - (a) Physiotherapy
  - (b) Speech Therapy
  - (c) Audiometry
  - (d) Occupational Therapy
- (vi) Psychological Unit for Assessment and Serial Review.

It is with delight that one reports a vital aspect of progress in the Psychological/Psychiatric field. The Welsh Hospital Board established a new unit for Psychotic Adolescents with effect from October 1972 at St. David’s Hospital, Carmarthen. A



multidisciplinary team involving Medical Consultants, Psychologist, teaching staff, nursing staff supported by a strong social work and administrative group have succeeded in launching a new venture which will further the rehabilitation of pupils who are mentally ill. I would like to acknowledge the valuable work done by all concerned as well as to thank the Principal of Trinity College for allowing such facilities as the swimming bath to be put at the disposal of the children.

Facilities for the Special Educational Treatment of retarded pupils (that is to say pupils who are relatively intelligent but whose attainment for various reasons is not commensurate with their apparent academic aptitude) have been consolidated and improved through the sterling work and dedication of Mr. P. Eklund and his staff. He continues to work in close liaison with the psychologist as well as to supervise the primary and secondary remedial units in the county under the aegis of the Psychological Service.

The following children attended various Remedial Units :

**Table VI**

**(i) S.E.T. AT REMEDIAL UNITS / DESIGNATED CLASSES**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Transfer to Special Schools ... ..	—	1	1
Transfer to S.S.N. School ... ..	—	1	1
Withdrawals (including left district) ...	3	2	5
Discharges (Including : transfer to Secondary Modern) ... ..	14	3	17
<b>Total</b>	<b>17</b>	<b>7</b>	<b>24</b>
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Attending at December 1972 (Full-Time) ...	44	20	64
Attending at December 1972 (Part-Time) ...	38	23	61
<b>Total</b>	<b>82</b>	<b>43</b>	<b>125</b>

**(ii) PUPILS RECEIVING S.E.T. AT REMEDIAL UNIT**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Direct Referrals (Not seen by Dr. James)	70	36	106
<i>Ascertained :</i>			
Maladjusted ... ..	3	—	3
Retarded ... ..	5	—	5
Backward ... ..	8	4	12
Dull ... ..	8	6	14
S.S.N. ... ..	5	4	9
<b>Total ...</b>	<b>99</b>	<b>50</b>	<b>149</b>

(iii) Pupils receiving S.E.T. at Bronaeron Special School

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Ascertained :			
Dull/S.S.N. ... ..	17	10	27
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Attending at December 1972 ... ..	17	10	27

It is not considered necessary to repeat the catalogue of development which has taken place gradually over the last fifteen years. It suffices to say that thanks to the rolling programme of improvement within the context of financial feasibility steady progress was being made in 1972.

(Please refer to Annual Report 1971 et al for details).

The new units which are projected are supported by a broadly based School Psychological Service which is expanding gradually as the more enlightened attitude of the public begins to realize the value of the need for assessment and treatment.

Thus by dovetailing school records (including the results of various surveys with clinical, educational, psychological assessments and case histories) it has become possible, through the School Psychological Service to facilitate the provision of a variety of types of education for different categories of (handicapped) pupils in such a manner that most children ranging from the quick to the slow learner as well as the physically handicapped have an equal opportunity of profiting from an education suited to the particular stage of their functional development physically, mentally and socially. The work of the health visitors and the Psychiatric Social Worker in particular have been appreciated.

In brief, there has been close liaison between the School Psychological Service, the School Health Service and the Department of Social Service as well as with the schools themselves, whilst both the statutory services of the Local Authority and the Welsh Hospital Board (where officers meetings have taken place) together with the Consultant Psychiatrist have all played their part in fostering the educational, mental health and general welfare of the children—both the fit and the handicapped—through an integrated and comprehensive approach to their problems.

CYRIL JAMES, B.A., M.ED., PH.D., M.I.S.W., F.B.P.S.S.

*Consultant Educational Psychologist*



## REPORT OF Mrs. J. E. HOLDING, SENIOR SPEECH THERAPIST

This year has seen considerable improvement in the speech therapy service. The appointment of a second speech therapist, Mrs. Gwenda Jones, has resulted in new clinics being opened in Tregaron, Llandysul, Aberaeron, Llechryd, Beulah, Cardigan and an extra clinic being held in Highmead School and Aberystwyth.

We were also able this year to carry out a one hundred per cent speech survey of the children of school age and we now have, therefore, an exact list of all those children who have any defects of speech, fluency or language.

This survey has, however, revealed that there are 2,952 children of school age who require speech therapy to a greater or lesser degree. Obviously two speech therapists cannot manage to treat such vast numbers and it is therefore a matter of urgency that thought should be given to the organising of a speech therapy service which can effectively help this large number of children. A programme, where more time is spent in preventive work might well in the long term do more to reduce the numbers of speech defective children, than to spend all available time in actual clinic work. A positive programme aimed at educating parents of pre-school children and infant teachers in the normal development of speech and language might do much to foster the interest in speech and language which already exists in the county—particularly amongst the head teachers of primary schools.

Discussions are now in progress with a view to attaining these ideals and it is hoped to make further progress during the coming year.

The following details relate to pupils treated and awaiting treatment during the year.

Waiting List	...	...	2,850
Discharged	...	...	86
Undergoing treatment		...	102
Total seen ...	...	...	188

J. E. HOLDING, L.C.S.T.,  
*Speech Therapist*

## REPORT OF Mrs. BERYL SMITH, AUDIOMETRICIAN

Screening tests are taking place in all the Primary Schools for the second time, and all the children found with impaired hearing are seen at the clinics held at either Cardigan Health Centre or at Aberystwyth Clinic.

If no improvement is found these children are referred to the Ear, Nose and Throat Specialist with their own General Practitioners' approval.

A large number of children have now received surgery with, in most cases, marked improvement.

There are now some ten children in primary schools with a severe hearing loss, a few of whom have been fitted with hearing aids—with considerable improvement. They are all receiving extra help with their education.

At the request of Health Visitors a few babies have had hearing tests which have proved useful as these have resulted in the discovery of one young child of thirteen months with a profound hearing loss.

BERYL SMITH, S.R.N.  
*Audiometrician*

**Part I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A—PERIODIC MEDICAL INSPECTIONS**

**Number of Pupils on Registers of Maintained Primary and Secondary Schools in  
January, 1973 ... 9,894.**

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other conditions recorded at Part II	Total individual pupils
		No.	No.				
1968 and later	32	32	—	—	9	16	23
1967	494	494	—	—	87	194	247
1966	208	208	—	—	30	74	95
1965	54	54	—	—	5	20	23
1964	42	42	—	—	13	19	23
1963	53	53	—	—	11	18	25
1962	476	476	—	—	78	147	207
1961	234	234	—	—	24	69	85
1960	62	62	—	—	4	24	27
1959	76	76	—	—	17	22	35
1958	463	463	—	—	54	140	178
1957 and earlier	310	310	—	—	36	78	108
TOTAL	2,504	2,504	—	—	368	821	1,075

100% of the pupils examined were found to be in a satisfactory physical condition, the percentage unsatisfactory being Nil %.



**Table B—OTHER INSPECTIONS**

**Notes :—**A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ...	...	...	37
Number of Re-inspections ...	...	...	1,304
		Total ...	1,341

**Table C—INFESTATION WITH VERMIN**

**Notes :—**All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ...	...	...	36,287
(b) Total number of individual pupils found to be infested ...	...	...	30
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	...	...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	...	...	Nil

## Part II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

**Table A—PERIODIC AND SPECIAL INSPECTIONS**

**Note :—**All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they are under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease				PERIODIC INSPECTIONS				Special Inspections	
					Entrants	Leavers	Others	Total		
4	Skin	...	...	...	T	5	3	7	15	—
					O	16	40	30	86	—
5	Eyes— <i>a.</i> Vision	...	...	...	T	15	29	46	90	—
					O	100	67	90	257	—
	<i>b.</i> Squint	...	...	...	T	6	3	2	11	—
					O	2	7	6	15	—
	<i>c.</i> Other	...	...	...	T	—	—	2	2	—
					O	4	2	5	11	—
6	Ears— <i>a.</i> Hearing	...	...	...	T	6	5	7	18	—
					O	20	5	17	42	1
	<i>b.</i> Otitis Media	...	...	...	T	—	—	1	1	—
					O	16	9	7	32	—
	<i>c.</i> Other	...	...	...	T	1	2	5	8	—
					O	1	4	3	8	1
7	Nose and Throat	...	...	...	T	3	1	3	7	—
					O	73	17	33	123	3
8	Speech	...	...	...	T	4	4	—	8	—
					O	7	2	7	16	—
9	Lymphatic Glands	...	...	...	T	1	—	1	2	—
					O	20	6	13	39	1
10	Heart	...	...	...	T	1	4	1	6	—
					O	17	19	9	45	2



Defect Code No.	Defect or Disease				PERIODIC INSPECTIONS				Special Inspections
					Entrants	Leavers	Others	Total	
11	Lungs	...	...	...	T	—	—	1	—
					O	10	13	12	3
12	Developmental— <i>a.</i> Hernia	...			T	—	—	1	—
					O	3	1	3	—
	<i>b.</i> Other	...			T	7	3	8	—
					O	39	21	28	—
13	Orthopaedic— <i>a.</i> Posture	...			T	1	3	4	—
					O	8	10	13	—
	<i>b.</i> Feet	...	...		T	11	2	13	—
					O	36	10	20	1
	<i>c.</i> Other...	...			T	7	6	11	—
					O	26	23	24	1
14	Nervous System— <i>a.</i> Epilepsy	...			T	—	1	—	—
					O	1	4	4	2
	<i>b.</i> Other	...			T	—	—	1	—
					O	7	2	3	—
15	Psychological— <i>a.</i> Development				T	1	2	6	—
					O	8	3	10	1
	<i>b.</i> Stability	...			T	—	1	3	—
					O	5	7	10	5
16	Abdomen	...	...	...	T	—	—	1	—
					O	4	8	8	1
17	Other	...	...	...	T	4	1	6	—
					O	13	22	32	6

**Part III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	319
Errors of refraction (including squint) ...	68
Total ... ..	387
Number of pupils for whom spectacles were prescribed ... ..	23

**Table B—Diseases and Defects of Ear, Nose and Throat**

	Number of cases
Received operative treatment	
(a) for diseases of the ear ... ..	15
(b) for adenoids and chronic tonsillitis ...	62
(c) for other nose and throat conditions ...	47
Received other forms of treatment ...	—
Total ... ..	124
Total number of pupils in schools who are known to have been provided with hearing aids :	
*(a) in 1972 ... ..	—
(b) in previous years ... ..	1

\*A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.



Table C—Orthopaedic and Postural Defects

	Number of cases
(a) Pupils treated at clinics or out-patients departments ... ..	509
(b) Pupils treated at school for postural defects	—
Total	509

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp ...	2
(b) Body ...	10
Scabies ... ..	43
Impetigo ... ..	20
Other skin diseases ...	9
Total	84

Table E—Child Guidance Treatment

	Number of Pupils
Treated at Child Guidance Clinics ...	103

Table F—Speech Therapy

	Number of cases
Pupils treated by speech therapist ... ..	188

Table G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments ... ..	—
(b) Pupils who received convalescent treat- ment under School Health Service arrange- ments ... ..	—
(c) Pupils who received B.C.G. vaccination ...	754
(d) Other than (a), (b) and (c) above ...	—
TOTAL ... ..	754



## CHILD GUIDANCE CLINIC

### Report of Dr. EVAN DAVIES, Consultant Child Psychiatrist

During 1972 there was an increase in referrals to the Child Guidance Clinics. Above half the referrals originating from medical sources. Weekly clinics continue to be held at Aberystwyth, where facilities for play therapy are available. A monthly clinic was held at Lampeter and the opening of the New Health Centre in Cardigan enabled clinics to be held there at fortnightly intervals.

A full range of problems were referred, ranging from enuresis in the young child to scholastic difficulties in the adolescent. In all cases a family orientated child centred approach was adopted. Gratitude must be expressed to Mrs. Piette for her contribution in providing supportive case work to the families referred. Dr. Clive Williams continued to provide sessions as required in order that psychological testing could be carried out in the clinic with subsequent discussion of the results with the parents.

The long awaited Adolescent Unit was at last opened during the summer, but as a result of nursing pressures only 9 of the 15 beds could be utilized and admissions had to be restricted to adolescent girls. However, it is anticipated that in the near future it will be possible to admit adolescent boys, so providing a more comprehensive supporting facility.

Appreciation should be expressed for the continued assistance of the Health, Education, Probation and Social Services Departments for their co-operation in advisory situations to the various problems referred to the Child Guidance Clinic.

EVAN DAVIES, M.B., B.CH (Wales), M.R.C.P., D.P.M. (Eng.),  
M.R.C.P. (Psych.).  
*Consultant Child Psychiatrist*

**Table H**  
**New Referrals in 1972**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
General Practitioners ... ..	13	11	24
Hospital Consultants ... ..	3	8	11
Social Services Department ... ..	—	—	—
School Medical Officers ... ..	5	3	8
Educational Psychologist ... ..	1	0	1
Headteachers ... ..	2	3	5
Speech Therapist ... ..	—	—	—
Probation Officers ... ..	—	—	—
Education Welfare Officer ... ..	4	0	4
Parents ... ..	4	2	6
Transferred from other areas ... ..	1	0	1
	33	27	60

	<i>Males</i>	<i>Females</i>
Children placed in residential schools for psychiatric reasons	—	—
Children placed in Children's Home for psychiatric reasons	—	—
Children examined by Dr. Clive Williams ... ..	16	9

Number of Clinics held			
Aberystwyth	...	...	65
Cardigan	...	...	16
Lampeter	...	...	21
			—
			102
			—

Number of New Patients seen			
Aberystwyth	...	...	32
Cardigan	...	...	16
Lampeter	...	...	12
			—
			60
			—

Total Attendances			
Aberystwyth	...	...	151
Cardigan	...	...	60
Lampeter	...	...	45



## REPORT OF Dr. CLIVE WILLIAMS, Educational Psychologist

This year I have seen twenty five children in the Child Guidance Clinics at Aberystwyth, Lampeter and Cardigan. Nine of the referrals were girls and sixteen were boys ; just over half were children of primary school age.

Few of the referrals involved purely educational difficulties ; the characteristic pattern of referrals continues to be emotional difficulties and varying degrees of maladjustment reflected in poor progress at school. About one third of the referrals needed remedial educational treatment, particularly in reading. The incidence of retardation has been much greater than that of backwardness and four out of every five children seen have been of average or above average intelligence.

This year a greater proportion of cases have been seen in the new clinic at Cardigan. The greatly improved facilities are much appreciated.

CLIVE WILLIAMS, B.SC. (Lond.), M.A. (Wales), PH.D. (Dublin),  
*Educational Psychologist*

Part IV—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools on January 1, 1973 ... 9,894

Attendances & Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit ... ..	909	595	519	2,023
Subsequent visits ... ..	512	1,580	753	2,845
Total Visits ... ..	1,421	2,175	1,272	4,868
Additional courses of treatment commenced ... ..	7	20	2	29
Fillings in permanent teeth ...	443	1,668	1,267	3,378
Fillings in deciduous teeth ...	173	14	—	187
Permanent teeth filled ...	440	1,649	1,181	3,270
Deciduous teeth filled ...	168	14	—	182
Permanent teeth extracted ...	99	455	395	949
Deciduous teeth extracted ...	1,606	336	—	1,942
General anaesthetics ...	739	363	113	1,415
Emergencies ... ..	5	4	45	54

Number of Pupils X-rayed ... ..	255
Prophylaxis ... ..	333
Teeth otherwise conserved ... ..	10
Number of teeth root filled ... ..	2
Inlays ... ..	1
Crowns ... ..	12
Courses of treatment completed ... ..	557

Orthodontics :

New cases commenced during year ...	48
Cases completed during year ...	12
Cases discontinued during year ...	5
No. of removable appliances fitted ...	78
No. of fixed appliances fitted ...	1
Pupils referred to Hospital Consultant	59

Prosthetics	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ... ..	—	1	10	11
Pupils supplied with other dentures (first time) ...	—	—	—	—
Number of dentures supplied ...	—	11	37	48
	—	12	47	59



Inspections :	(a) First inspection at school. Number of Pupils	...	1,128
	(b) First inspection at clinic. Number of Pupils	...	1,021
	Number of (a) + (b) found to require treatment	...	1,326
	Number of (a) + (b) offered treatment	...	1,317
	(c) Pupils re-inspected at school clinic	...	103
	Number of (c) found to require treatment	...	74
Sessions—	Sessions devoted to treatment	... ..	852
	Sessions devoted to inspection	... ..	17
	Sessions devoted to Dental Health Education	... ..	4

# SCHOOL CLINICS, 1972

Clinic	Location		Number of sessions held	Total number of sessions held
	Local Authority Premises	Other Premises		
Child Guidance	Aberystwyth Cardigan Lampeter	—	65 16 21	102
Dental ...	Aberystwyth Aberaeron Dinas { Cardigan Mobile Clinic Lampeter Llandysul Tregaron Highmead R.S.S.	— — — — — — —	602 26 18 28 29 4 12 20	739  (This total does not include dental sessions held in classrooms of primary schools).
Ophthalmic ...	— —	Aberystwyth Carmarthen	24 96	120
Orthopaedic ...	Aberystwyth Cardigan Lampeter — — Tregaron Penparcau	— — — Aberaeron Llandysul — —	48 12 52 11 11 10 6	150
Speech Therapy	Aberystwyth Cardigan Highmead Lampeter Ysgol Bronaeron Beulah C.P.	— — — — — —	50 47 46 14 18 2	177



# REPORT OF WORK DONE BY THE ORTHOPAEDIC SISTER FOR THE YEAR 1972

AREA	No. of Clinics held during the year	Attendances			No. of cases of Remedial Exercises Manipulation and Massage
		New Cases	Others	Total	
Aberaeron ...	11	10	28	38	27
Aberystwyth	48	19	128	147	108
Cardigan ...	12	13	12	25	18
Lampeter ...	52	17	112	129	108
Llandysul ...	11	3	14	17	12
Penparcau ...	6	2	5	7	3
Tregaron ...	10	3	14	17	12
TOTALS ...	150	67	313	380	288

Attendances at Mr. MacFarlane's Clinic	...	31
Children seen	...	410
Attendances at Cardigan Hospital	...	12
Children seen	...	46
Attendances in Plaster Room with fitter	...	168
Swansea Limb Fitting Centre	...	1

<i>Schools Visited</i>	<i>No. of Children seen</i>
Ciliau Parc C.P.	1
Highmead ...	198
Mydroilyn C.P.	2

Relief M. & C.W. Clinic	...	...	Aberystwyth 1 Lampeter 2
Routine Medical Inspection	...	...	Bronaeron 2
7 Visits to Bronglais Maternity Department	—		7 infants seen.

In addition 327 domiciliary visits were carried out by the Orthopaedic Sister Ysgol Bronaeron twice weekly during term for exercises.





**Gwasg Gomer : Llandysul**